



COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name islated below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title:

Attorney Docket No.

the specification of which

AUTOSTEREOSCOPIC DISPLAY

(b) was filed on			
	asSerial N	0.0 /	or Express
Maii No	asSerial N	own, and was amended on	(if applicable).
(c) was described and	claimed in PCT International Applicat amended under PCT Article 34 on	ion No	filed on
and :	amended under PCT Article 34 on	(if any).	
I hereby state that I have amended by any amendn	reviewed and understand the contents on nent referred to above.	of the above identified specific	ation, including the claims, as
I acknowledge the duty to 37, Code of Federal Reg	o disclose information which is material gulations §1.56(a).	to the patentability of this appli	cation in accordance with Title
	PRIORITY	CLAIM	
inventor's certificate or of of America listed below PCT international applic same subject matter havi	riority benefits under Title 35, United S of any PCT international application(s) and have also identified below any for ation(s) designating at least one countr- ing a filing date before that of the appli on have been filed. have been filed as follows.	designating at least one count eign application(s) for patent or y other than the United States	ry other than the United States or inventor's certificate or any of America filed by me on the
(c) _s_sec. approactions			
(e) <u></u>	EARLIEST FOREIGN APPLICATION(S), (6 MONTHS FOR DESIGN) PRIOR		тнѕ
	(6 MONTHS FOR DESIGN) PRIOR	TO THIS U.S. APPLICATION	
COUNTRY		TO THIS U.S. APPLICATION DATE OF FILING	PRIORITY CLAIMED
	(6 MONTHS FOR DESIGN) PRIOR APPLICATION NUMBER	TO THIS U.S. APPLICATION DATE OF FILING (day, month, year)	
	(6 MONTHS FOR DESIGN) PRIOR	TO THIS U.S. APPLICATION DATE OF FILING	PRIORITY CLAIMED

business in the Patent and Trademark Office connected therewith. (List name and registration number)

Armand P. Boisselle, Reg. No. 22,381; Neil A. DuChez, Reg. No. 26,725; Mark D. Saralino, Reg. No. 34,243

.

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instruction from

Name(s) of authorized representation(s) Shusaku Yamamoto Patent Law Office

Address Fifteenth Floor, Crystal Tower, 1-2-27 Shiromi, Chuo-Ku, Osaka 540-6015 Japan

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken. the U.S. attorney(s) will be so notified by the undersigned.

Send Correspondence To

Direct Telephone Calls To: (name and telephone number)

Neil A. DuChez RENNER, OTTO, BOISSELLE & SKLAR, LLP 1621 Euclid Avenue, 19th Floor Cleveland, Ohio 44115

Neil A. DuChez (216) 621-1113

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent is sued therein.

Full name of sole or first inventor Graham Roger JONES			
Inventor's signature CASO			
Date 25-7-2003 Country of Citizenship Great Britain			
Residence Oxfordshire SN7 7AQ U.K.			
Post Office Address 8 Stanford Road, Faringdon, Oxfordshire SN7 7AQ U.K.			
Full name of second inventor, if any			
Inventor's signatureCountry of Citizenship			
Residence			
Post Office Address			
Full name of third inventor, if any			
Inventor's signature			
DateCountry of Citizenship			
Residence			
Post Office Address			
1			

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

- x This declaration ends with this page.